BLACK ISLAND FARMS FIELD TRIP PARENTAL PERMISSION

Maria Montessori Academy

September 19, 2013

Dear Parent or Guardian:

Our class is taking students on a field trip to Black Island Farms on Thursday September 26th. Parents are responsible for arranging a ride for their children. Children should be dropped off at 3178 S. 3000 W. in Syracuse at 8:45 and picked up by 12:30 to return to the school for the afternoon work cycle. The students will participate in the following activities:

- A trip through one maze
- A hayride though the farm with a stop at the pumpkin patch where each student gets to pick a pumpkin. Also, learn about crops and how they go from the ground to the store.
- A cow train ride for pre-school 3rd graders.
- Time to play on the giant slide.
- A bounce back pass and a maze activity
- A voucher for a free return visit to Black Island Farms Harvest Festival for each student.

Students need to bring a sack lunch, we will be eating at the farm. Please donate \$4.00 to pay
for your child's trip. We would like to have parent chaperones as well; parents are \$3.50.
Please contact your class' room mom to volunteer as a chaperone or driver. Your class room
mom's contact information is .

We will go rain or shine. Please check the weather and help your child dress accordingly. The purpose of the trip is to teach the students about their natural world as well as practice grace and courtesy outside of the school building.

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I give my permission to have my child, identified below, participate in this event. I furthermore agree to release Maria Montessori Academy and its employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of action whatsoever for any loss, claim damage, injury, illness, attorney's fees or harm of any kind or nature arising out of my child's participation in the field trip. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

Student's Name		_	

Parent or Guardian's Signature

Date